



PMD B

Limit Setting

We need to employ limit setting techniques to:

- help reduce stress level
- place some external control on the situation
- assist in decision making process

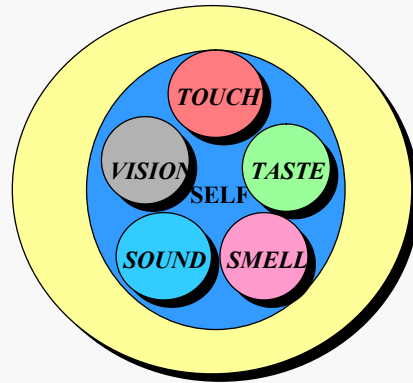
OBJECTIVES

- ✓ All participants will recognize the behaviors associated with a severe level of stress.
- ✓ All participants will recognize the impact of severe stress on the individual's ability to process information and manage multiple tasks.
- ✓ All participants will understand and demonstrate limit setting techniques.

As a person's stress level increases from moderate to severe, we need to adapt verbal interventions to limit setting.

SEVERE Level of Stress

- Perceptual Field Limited
- Focused on One Thing
- Tunnel Vision
- Processing of Information Severely Limited



Severe Level of Stress:

- This is a high level of stress which is acute and occurs when stress is at an intense level.
- The perceptual field **decreases** to the point where a person can attend to only one specific detail.
- The differences between this person experiencing severe stress and the previous stage, moderate stress, is that the person could previously attend to more detail, think more clearly, and could, therefore, complete a task.
- The person would have a great deal of difficulty completing any task.
- The person does not take in new information and problem solving is very poor.
- All the individual's behavior becomes directed toward reducing his or her stress - by getting what they want.
- **Verbal intervention** at this point would be for staff to use specific requests, and direct limit setting commands. Statements are very brief, clear, and using familiar words.



It is important to be alert for changes in a person's behavior or signs of **escalation** at earliest possible level.

- Pay attention to what is being said. Take it seriously.
- Is the person showing any risk taking behaviors - physically or breaking rules/policies?
- Does the person show disregard for his safety or their co-workers' safety?

Limit Setting

- Clear / Calm
- Non-Threatening
- Encouraging
- Enforceable



- Person may need time to process information
- Directions may need to be repeated

- Remember that the ability to process information may be more restricted at this point.
- We must use statements that are clear, concise, as if you expect their cooperation.
- Sentences with more than a few words may not be understood.
- Setting limits lets individuals you work with know what they can and cannot do. Limits should not demean or punish the individual, but should provide a framework within which he can behave in a socially accepted manner.
- Explain clearly which behavior is inappropriate, and explain why it is inappropriate. "Mr. Jones, please stop yelling/swearing, I would like to focus on your main concern." Thank you. Now how can I assist you?"
- Give reasonable choices, presenting the positive choice first.
- Threats may also be a form of limit setting but not one that we would use with persons. Example of a threat: If you don't sit down, I will call the police and they will kick you out of here.
- Limit setting may be relatively mild, such as asking politely "Would you mind going into the other room to talk?"
- Enforce the consequences.

Note: It is important to remember never to set a limit you can't enforce. If a limit is unenforceable you might consider providing a suggestion. Example of a suggestion: "Would you like to sit and talk to me?" If the person refuses, the staff is still in the position to maintain control.

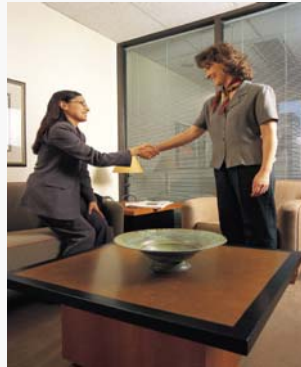
Limit Setting

- Firm Yet Supportive
- Simple and Direct
- Describe Desired Behavior
- Appropriate to Situation
- Progressive in Nature

- The concept of reasonable limits to establish and maintain relationships is introduced here.
- In setting limits, the staff member defines the rules and behaviors that are considered acceptable for your facility, presenting both positive and negative consequences of conforming to the stated boundaries.
- If a person becomes agitated and begins to show signs of escalating behavior, the staff member needs to set limits to help the individual who may not be thinking rationally.
- Progressive means that the strength of our intervention increases according to the degree of escalation.
- Set limits on behavior, not on feeling. Avoid sounding judgmental: "Oh, you shouldn't be so mad about this."
- Provide choices of acceptable alternatives when possible. Example: "It's not okay to throw a chair or slap a person. Would you like to take a walk or go for coffee? Listen to music? Work out in the gym?"
- Allow the person time to process and consider their options.

- Don't be surprised if you need to re-state the limit. EXAMPLE: How many times does stating the limit once work with children?
- Maintain a therapeutic relationship.

**By Enforcing Consequences, Staff
Provide a Structure for Future
Learning**



- It is important to remember that even though you set limits correctly, the escalating individual will not always comply with your instructions.
- The probability of future compliance is greater if consequences are consistently enforced.
- Staff must consistently provide a structure by which the escalating individual can learn that consequences accompany choices and behavior.

AVOID POWER STRUGGLES



- No one wins in a **power struggle**, even if it seems like you do. Remember, we are all on the same side.
- Examples of power struggles:
 - “You need to take your medication now”--“I want to take it later”
 - “Clean your room now”---“I want to watch this TV program first”
- The ability to intervene effectively in violent or assaultive behavior depends on a positive awareness of one's own usual response pattern.
- Intuition and personal maturity are important correlates to experience and example.

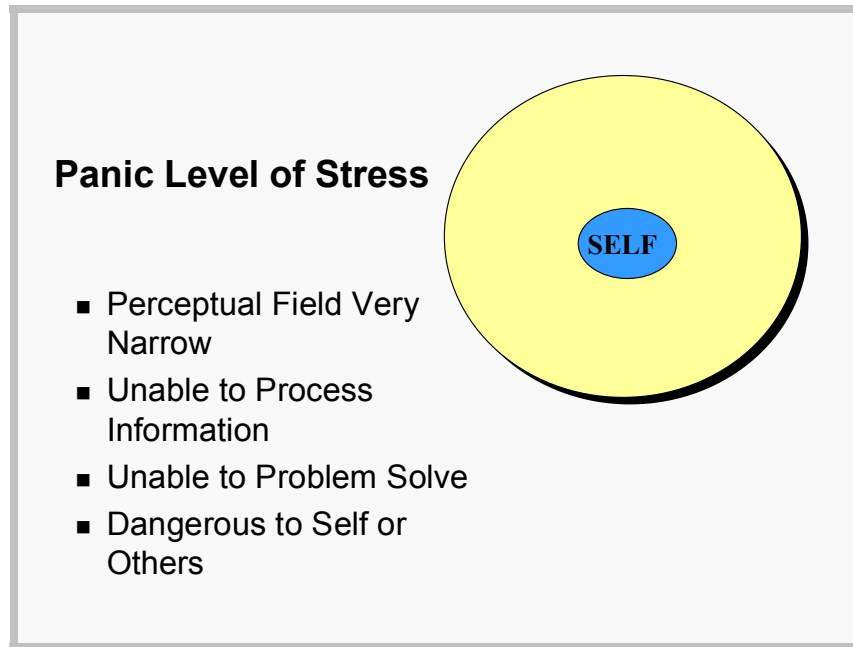
Some points to remember:

- Avoid the need to be right.
- Do not respond to attempts to “push your buttons.”
- Do not feel that you need to defend your credibility/position
- Do not bring up unrelated information about the individual or history of past disruptive behaviors.
- Do not make intimidating, authoritarian, or belittling statements.
- Be flexible. Even though you are carrying out your facility's policies, remember that each situation and each person is different and may need individual consideration.

Limit Setting-Summary:

- Use when more control is needed
- Should be appropriate to circumstances
- Be clear, direct and supportive
- Show respect for others
- Give options if possible
- State consequences if necessary
- Seek to maintain personal dignity and therapeutic relationships

- Remember that verbal/non-verbal interventions occur at all levels.
- We should continue to establish and maintain therapeutic rapport.
- Understanding the different levels of anxiety and the signs and symptoms of each will allow the staff to assess behavior and to intervene at an early stage, thereby preventing the person from resorting to violence.
- When a person demonstrates moderate stress, the staff should begin verbal intervention.
- When using verbal intervention, one should always keep in mind the concepts of personal space and body language, as these concepts can affect the success of the verbal intervention. (Refer to Personal Safety Skills section)
- It is important to validate the person's concerns.
- Do not make value judgments, e.g., "What you did was really terrible."
- When the person begins to demonstrate threatening behavior, the staff should respond with limit setting.
- Example of a limit: I need you to sit in the chair.



Panic

- This is the most intense and destructive level of stress.
- The perceptual field is so limited that it is no longer able to process any outside stimuli.
- The perceptual field focuses only on self.
- The person in the panic stage is at high risk for assaultive behavior.
- Feelings of anger, fear, and/or helplessness may emerge explosively.
- A "fight or flight" reaction will occur.
- Warning signals may include: clenched fists, walking briskly, continuous pacing, throwing items, exaggerated response to annoyance, yelling, pressured and curt speech, quivering of the lips, rigid muscle tension, and biting or scratching.
- As the individual's stress escalates to the panic phase, their perceptual field narrows to focusing on themselves, the uncomfortable feeling and the thing they are angry or fearful.

EXAMPLE: *Have you had the fearful reaction of a near miss car accident? How do you feel for the next minute or two? (rapid breathing, tightening of chest, heart pounding). Where's your perceptual field at that time?*

- A panicked person is feeling this many times over and the feelings last much longer.
- The person wants to get rid of this feeling. He or she may have poor coping skills and may become violent.

Interventions for Acting Out Person

- Personal Safety Skills
- Therapeutic Containment

Personal Safety Skills are used when a person begins to act out, by grabbing or striking a staff member or other individual.

- Our natural instincts when we feel threatened or hit by another person is to hit back to protect ourselves. Personal Safety Skills teaches us escape techniques to get away from the person and then to leave the room - remember PMDB is a patient safety program.
- This will be covered in detail later during PMDB training.

- Three-Person **Therapeutic Containment** - a trained team of three staff is able to safely physically contain a disruptive or violent individual.
- These techniques will be covered in detail later during PMDB training.

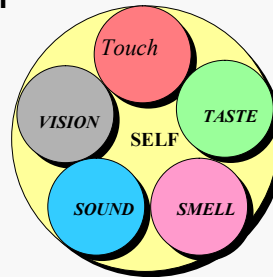
LEVELS OF STRESS

Stress Level	Staff Action
Moderate Stress	Verbal Intervention
Severe Stress	Limit Setting
Panic	Personal Safety Skills or Therapeutic Containment
Tension Reduction	Therapeutic Rapport

The last stage of escalation is returning to a normal level of stress and re-establishing a therapeutic rapport with the patient

Tension Reduction

- Returning to Normal Level
- Perceptual Field is Keen
- Taking in Information
- Returning to Normal –
- Takes Time



- Our goal in rapport and tension reduction is to assist a patient in identifying what triggered him or her to act out and to problem solve how to prevent the same behavior in the future.
- A therapeutic approach is used in all verbal interventions.
- If an individual became a physical threat and required to be safely contained - depending on circumstances, what would be the next step? (security or medical treatment for inpatient staff) Staff would use a calm, reassuring approach to assist the individual in returning to a normal level of stress.